



PATENT APPLICATION

8-20-03

9/a

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

MATTI HUIKU

Serial No.: 10/077,196

Filed: February 15, 2002

Confirmation No.: 9506

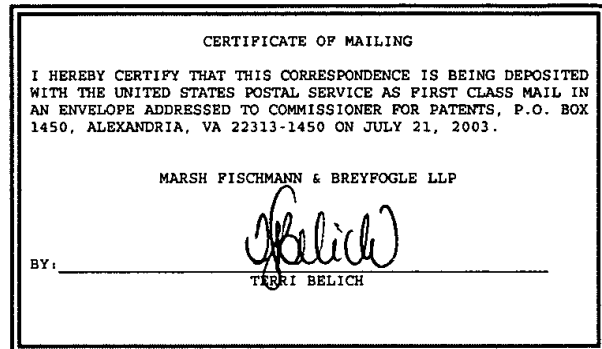
Atty. File No.: 50003-00002

For: "COMPENSATION OF HUMAN
VARIABILITY IN PULSE OXIMETRY"

) Group Art Unit: 2857

) Examiner: MATTHEW KREMER

) AMENDMENT AND RESPONSE



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits this Amendment and Response to address the Office Action having a mailing date of March 21, 2003. Enclosed herewith is a petition for a one-month extension of time, thereby extending the time period for response from June 21, 2003 to July 21, 2003, as well as a check in the amount of \$110.00 as the fee for such extension. Please credit any overpayment or charge any underpayment to Deposit Account No. 50-1419.

Please amend the above-identified patent application as follows:

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AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **MATTI HUIKU**

Docket No.

50003-00002

Serial No.

10/077,196

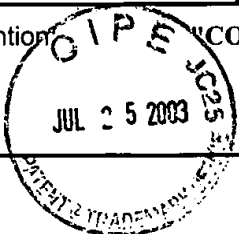
Filing Date

FEBRUARY 15, 2002

Examiner

MATTHEW KREMER

Group Art Unit

3736Invention: **"COMPENSATION OF HUMAN VARIABILITY IN PULSE OXIMETRY"**
JUL 25 2003**TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|-------------------------------------|-----------------------------|--------------------------------|---------|-------------------|
| TOTAL CLAIMS | 31 - | 31 = | 0 x | \$18.00 | \$0.00 - |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$84.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-1419**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.


SignatureDated: **JULY 21, 2003**

RUSSELL T. MANNING
REGISTRATION NO. 34,806
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(720) 562-5506

I certify that this document and fee is being deposited
on **JULY 21, 2003** with the U.S. Postal Service as
first class mail under 37 C.F.R. 1.8 and is addressed to the
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.


Signature of Person Mailing Correspondence**TERRI BELICH**

Typed or Printed Name of Person Mailing Correspondence

CC: